



APPLICATION # _____

PERMIT NUMBER B- _____

APPLICATION FOR BUILDING PERMIT

401 Lafayette Street, Williamsburg, Virginia 23185-3617 (757) 220-6136, Fax (757) 259-3798

CITY OF WILLIAMSBURG**OFFICE HOURS 8:00 AM – 4:30 PM**

STREET ADDRESS/LOCATION _____

LOT # _____ SUBDIVISION _____

APPLICANT: OWNER _____ CONTRACTOR _____ ARCHITECT/ENGINEER _____ LEASEHOLDER _____ OTHER _____

CONTRACTOR _____**PROPERTY OWNER** _____

ADDRESS _____

ADDRESS _____

CITY / ZIP CODE _____

CITY / STATE _____

PHONE _____

ZIP CODE _____

JOB CONTACT _____

PHONE _____

E-MAIL ADDRESS _____

****PROOF OF VALID STATE AND LOCAL CONTRACTOR LICENSES MUST BE PROVIDED AT TIME OF APPLICATION****

STATE REGISTRATION # _____ CLASS A B C EXPIRATION _____ WORK CLASS _____

BUSINESS LICENSE LOCALITY _____ NUMBER _____ EXPIRATION _____

MECHANICS LIEN AGENT (For 1-4 Family Dwelling Units Only)**ARCHITECT** _____

NAME _____

ADDRESS _____

ADDRESS _____

PHONE _____

PHONE _____

_____**NONE DESIGNATED**

WORK BEING PERFORMED ON NEW _____ EXISTING _____ STRUCTURE

BRIEF DESCRIPTION OF WORK _____****ONE & TWO FAMILY DWELLINGS MUST DESIGNATE CODE USED: _____ CABO CODE _____ BOCA CODE**

VALUE OF JOB \$ _____

APPLICANT SIGNATURE _____

DATE ____/____/____

APPLICANT PRINTED NAME _____

COMPLETE ALL INFORMATION FOR NEW CONSTRUCTION, BUILDING ADDITIONS, RENOVATIONS, OR CHANGE OF USE

SQUARE FOOTAGE PER FLOOR FOR NEW CONSTRUCTION/ADDITIONS OR AREA RENOVATED:

FINISHED AREA: B: _____ 1ST: _____ 2ND: _____ 3RD: _____ 4TH: _____ TOTAL: _____UNFINISHED AREA: B: _____ 1ST: _____ 2ND: _____ 3RD: _____ 4TH: _____ GARAGE: _____ TOTAL: _____

TOTAL BUILDING AREA: _____

ARE THE FOLLOWING PROVIDED: Decks _____ Porches _____ Carport _____ STRUCTURE HEIGHT: _____

BUILDING SETBACKS: FRONT: _____ RIGHT: _____ LEFT: _____ REAR: _____

OF ROOMS: _____ # OF BEDROOMS: _____ # OF BATHS: _____ # OF FIREPLACES: _____ # OF CHIMNEYS: _____

EXTERIOR: Vinyl Brick Wood Other: _____INTERIOR FINISH: Drywall Wood Other: _____ROOFING: Asphalt Fiberglass Wood Other: _____FLOORING: Carpet Wood Vinyl Tile Other: _____HEAT TYPE: Gas Oil Electric Heat Pump Other: _____

CENTRAL AIR CONDITIONING PROVIDED: Yes _____ No _____

BUILDING USE GROUP: A B E F H I M R S U # _____

CONSTRUCTION TYPE: 1A 1B 2A 2B 3A 3B 4 5A 5B

FIRE SUPPRESSION SYSTEMS: Yes _____ No _____

FIRE ALARM SYSTEM: Yes _____ No _____